

**Boys & Girls**

**Ages 7-14**

**County Resident Fee \$25**

**Additional Club Fee Optional —\$15**

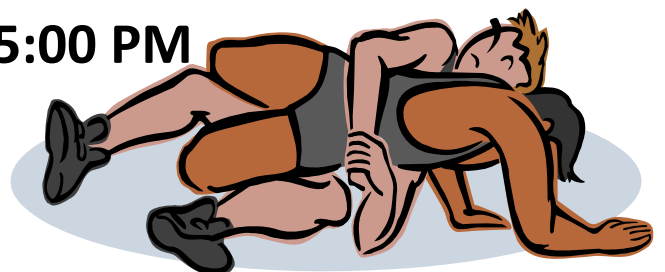
**Registering Thru October 23rd**



**Parks & Recreation Office**

**2303 Tramway Road**

**8:00 AM— 5:00 PM**



**For More Information Call 919-775-2107 Ext. 4205**

This is a non-school material that is neither endorsed nor necessarily reflective of  
the views of Lee County Schools.

# LCPR WRESTLING REGISTRATION FORM

(Please Print)



Participant Name \_\_\_\_\_

Sex: Male ☐ Female ☐ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Parent's Names \_\_\_\_\_

Mailing Address \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone # \_\_\_\_\_  
Home Mother's Cell or Work Father's Cell or Work

E-mail \_\_\_\_\_

Do you reside within Lee County? Yes ☐ No ☐

T-Shirt Size (circle one) YXS YS YM YL AS AM AL AXL AXXL

I am interested in being a head coach for a team: Yes ☐ No ☐

Did your child play on a Lee County team last year in this program? Yes ☐ No ☐

## Please read and sign waiver

I understand that participation in this recreational program involves the risk of injury. These risks include collision with other players, being hit by the ball, falling to the ground on to a fence, scratches, bruises, etc. I further understand that before participating in this program I should consult a physician for advice. By signing this form I acknowledge all risks of injury and death and affirm I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow reasonable instructions of the coaches and supervisors of the program. Furthermore, in return for the opportunity to participate in this program, I agree for myself, and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment of any kind from the County, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from my injuries or death. I understand that the county does not provide insurance.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Players must play with team they are assigned to. Any player may mail in registration form with fee.

Make check/money order to Lee County Parks & Recreation

Amount enclosed \$ \_\_\_\_\_

Mailing address is P. O. Box 1968, Sanford, NC 27331

By signing, you hereby confirm your acceptance of the convenience fee charged by Official Payments and agree to pay the "Total Payment" amount indicated, subject to and in accordance with the agreement governing the use of your credit or debit card.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_